**Attendance**

Ensure you have read and are familiar with the details in the Attendance policy prior to any sickness absence meeting.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Pre-Meeting Action** | **Done/ discussed** |
|  | If no RTW has been identified by point employee’s sick pay reduces to half obtain an Occupational Health (OH) report (if relevant |  |
|  | Invite letter sent to employee (copy of policy enclosed) |  |
|  | Absence Record printed |  |

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| **Formal Review Meeting** | **Done/ discussed** |
|  | Confirm employee received letter in relation to meeting |  |
|  | Confirm attendees and representation |  |
|  | If no representative is present confirm with employee they are happy to continue without representation (must remember to confirm this in the letter to them) |  |
|  | Confirm meeting will be held under Attendance policy |  |
|  | Confirm employee has received copy of the policy. |  |
|  | Confirm reasons for meeting is to review ongoing sickness absence |  |
|  | Check how employee is? |  |
|  | Is there any update from the last meeting on their medical condition e.g. any changes or any progress? |  |
|  | Discuss what support they are receiving (medical or other) to manage the condition e.g. GP/Specialist support, hospital treatment, medication? |  |
|  | Identify any other underlying causes e.g. personal, work related, social or domestic problems |  |
|  | Discuss recent occupational health report and recommendations |  |
|  | If there is an underlying medical condition – is it a disability? |  |
|  | * If so discuss reasonable adjustments needed
 |  |
|  | Discuss if OH advised on a likely return to work date or estimated a timescale for any treatment? |  |
|  | If a date is available for a return to work discuss; |  |
|  | * A return to work plan – return date, any training required
 |  |
|  | * + Phased return if required – agree details (no longer than 4 weeks)
 |  |
|  | * + Review meetings within phased return to work plan
 |  |
|  | * + Any temporary restrictions required or modified duties and a reasonable time period for these plus review meetings (within own or other department)
 |  |
|  | * + Any reasonable adjustments that need to be implemented
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|  | If advice is no likely return to work date, no timescale for treatment, or likely return to work date after sick pay expires, discuss; |  |
|  | * + Are there any other issues affecting employees ability to return to work that NHSBT need to understand
 |  |
|  | Discuss options; |  |
|  | * + Redeployment due to a disability **OR**
 |  |
|  | * + Moving to a Panel meeting to end employment **OR**
 |  |
|  | * + Considering mutually agreeing to end their employment (discuss with HR if any guidance needed)
	+ Ill health retirement application
 |  |
|  | Agree any actions/support discussed |  |
|  | Confirm EAP contact details (0800 716 017) or visit the website: [www.employeecare.com](http://www.employeecare.com) The code to enter in both password and access code boxes is 72992. |  |
|  | Confirm outcome of discussions |  |
|  | Questions? |  |

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| **Post Meeting Action** | **Done/ Discussed** |
|  | Send outcome letter within 7 calendar days  |  |
|  | If required, organise OH referral |  |
|  | If returning to work organise any training |  |
|  | If phased return agreed, organise details |  |
|  | If reasonable adjustments agreed, implement them |  |
|  | If temporary modified duties organise details |  |
|  | If redeployment due to disability organise with HR consultant |  |
|  | If required organise a meeting to end employment |  |
| **30.** | If required organise a panel meeting to end employment  |  |

NB. If you have any concerns about completing a sickness meeting please discuss with your line manager, another experienced manager or HR Direct on 27700